UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/PAK/5/EXT1

16 July 1998

ORIGINAL: ENGLISH

Third regular session 1998
14-16 and 21-22 September 1998, New York
Item 11 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

Request for Extension of and Additional Resources for the UNFPA Country Programme for Pakistan

Report of the Executive Director

1. The Executive Director requests that the fifth programme of assistance for the Government of Pakistan be extended through the end of 1999. The Executive Board approved the programme in June 1993 for a five-year period commencing July 1993. The approved budget amounted to $30 million, of which $20 million was to be committed from UNFPA regular resources and $10 million from a combination of regular and other resources, including multi-bilateral resources, to the extent that such additional resources became available. Expenditures for the period 1993-1997 amount to $21.2 million ($19.4 million from regular resources and $1.8 million from multi-bilateral resources). The additional budget required for the proposed extension amounts to $7 million. This would bring the total approved funding authority for the programme 1993-1999 to $32 million in regular resources and $5 million from a combination of regular and other resources, including multi-bilateral resources, to the extent that such resources are available.

2. The fifth country programme (1993-1998) was designed to coincide with Pakistan's Eighth Five-Year Plan (1993-1998). It aimed at assisting the Government to achieve its population and development objectives by: (a) reducing the population growth rate from 2.9 per cent in 1993 to 2.5 per cent by the year 2000 and the total fertility rate (TFR) from 5.9 children per woman in 1992 to 5.4 by 1998; (b) increasing contraceptive use from 14 per cent in 1992 to 24 per cent by 1998; and (c) reducing the crude birth rate from 39 per 1,000 population in 1992 to 35 per 1,000 in 1998.

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These objectives were to be achieved by expanding the coverage of, and access to, family planning services, especially in rural areas; enhancing the capacity of government and non-governmental organizations (NGOs) to deliver accessible and acceptable quality family planning and health services; increasing awareness about population issues through focused information, education and communication (IEC) programmes; and strengthening the technical capability of national institutions to undertake policy-oriented research, collect and analyse population data, and conduct the population census.

3. Since 1993, family planning services have been expanded, particularly into rural areas; the number of service outlets has increased, and contraceptive supplies have been made more readily available, especially to users in rural areas. Also, one national and four provincial family planning IEC strategies have been formulated. Population growth in 1997 was estimated by the Government at 2.7 per cent per annum and the total fertility rate at 5.4 per woman. UNFPA-supported programme activities have contributed to these improved indicators. The fifth country programme, however, was developed prior to the International Conference on Population and Development (ICPD) and focused on demographic issues such as the reduction of the population growth rate and of the TFR. It did not adopt a holistic approach through which demographic targets would be placed in the overall context of reproductive health, with an emphasis on responding to the needs of individuals and couples and improving the quality and accessibility of reproductive health services. This was also impacted by the fact that there are parallel and vertical family planning and health care services carried out, respectively, by the Ministry of Population Welfare (MOPW) and the Ministry of Health (MOH).

4. UNFPA's assistance complements the work of other major donors in Pakistan, particularly those who are active in the social sector. These have included the World Bank, the Asian Development Bank, the Department for International Development (DFID), the European Union, UNICEF and WHO. In this regard, the Fund's assistance has tried to concentrate on integrating family planning into primary health care services especially through the Ministry of Population Welfare. The Fund supported a range of training activities aimed at generating a critical number of clinical teams with completed training in clinical skills and in family planning counselling, as well as in addressing quality assurance issues related to clinical contraception. UNFPA also supported an integrated health and family planning programme with a number of NGOs, a population education project with the Ministry of Education and a population education and family planning services project with the Ministry of Labour and Manpower. Progress was achieved, but certain administrative constraints and slow implementation in the initial years of the programme meant that a number of activities could not be carried out as planned. Hence, the mid-term review (MTR) initially scheduled to take place in the second half of 1995 was only carried out in March 1997.

5. The MTR took note of the Government's renewed political commitment to population programmes. The review observed that the UNFPA-supported programme had made progress in providing leadership on population issues and had helped the Government and NGOs to expand family planning services, particularly through increasing the availability of contraceptives and improving contraceptive logistics management. However, the MTR noted that implementing the ICPD Programme of Action required a more comprehensive and sensitive approach that would go beyond family planning to include all the components of reproductive health. The MTR also noted a serious gap between awareness/knowledge of family planning services and their acceptance. Furthermore, it noted a possible inefficiency in use of resources caused by the duplication and verticalism of government institutions. It recommended greater emphasis in future IEC programmes on promoting the acceptance of contraceptives and enhanced collaboration among all partners to achieve a more integrated management of reproductive health/family welfare programmes. The MTR also noted that the needs of adolescents and women were inadequately addressed and recommended that greater attention should be focused on addressing those needs. The MTR observed that in early 1994 the United States Agency for International Development (USAID) had ceased support to the family planning services provided by the Government through community-based workers. In the same year, a special initiative called the Prime Minister's Programme for Family Planning and Primary Health Care was launched by the Government to rapidly expand community-based family planning services particularly into rural areas. On both occasions, the Government of Pakistan approached UNFPA to provide assistance, which it did. As a result, in the area of maternal and child health care and family planning UNFPA extended $5 million in assistance from regular resources that had originally been earmarked to be sought from multi-bilateral sources.

6. Following the MTR, and in response to the Government's wish to pursue the improvements recommended by the MTR, UNFPA accepted the invitation of the Ministry of Population Welfare to collaborate in an in-depth situation analysis to be carried out between October 1997 and March 1998. That exercise aimed to define and plan ways to address the population issue in the Ninth Five-Year Plan (1998-2003). It involved three working groups consisting of government officials, national experts and UNFPA technical advisers. The recommendations of the groups were based on a thorough and critical analysis of the situation taking into consideration the need to define and adopt a population and development policy; implement an efficient, cost-effective, nationwide reproductive health programme through federal and provincial institutions; and strengthen the implementation of population programmes in cooperation with the non-governmental sector. The strategic framework that resulted from the situation analysis was fully endorsed by the Government and welcomed by the donor community and NGOs. A new population and development policy will be formulated in the Ninth Five-Year Plan period.

7. The proposed extension will provide time to adjust the strategies of the country programme to reflect the ICPD Programme of Action before embarking on a new programme cycle. Family planning and efforts to achieve demographic targets will be placed in the broader context of reproductive health services to reflect the new ICPD paradigm, and activities will be designed and set in motion to move from a narrowly defined and target-oriented family planning concept to a more comprehensive, human-centred, quality reproductive health programme. Secondly, the extension will provide the Government of Pakistan with a transitional period to test out strategies to bring about a functional integration of the Ministry of Population Welfare and the Ministry of Health, thus creating greater synergy between the two parallel systems and enabling a sharper focus on reproductive health and avoidance of duplication and verticalism. The process would also enable more cost-effective use of resources and allow for the experience gained during the extension period to be effectively incorporated in the new programming cycle. Given the delayed start of the fifth country programme, the proposed extension would, in addition, give time to complete those activities that had been delayed and were an integral part of the country programme. The extension would also allow sufficient time for the preparation of the next country programme, which would include conducting a Country Programme Assessment (CPA) as per the requirements of the Fund's policy guidelines.

Proposed activities

8. The original goals of the country programme continue to remain valid. Strategies for the requested extension have been adjusted to specifically incorporate the recommendations of the MTR including through: (a) giving greater emphasis on bringing family planning services into the overall context of reproductive health; (b) promoting functional integration of government ministries, particularly the Ministry of Population Welfare and the Ministry of Health in their provision of reproductive health services; (c) initiating special efforts to narrow the gap between knowledge and acceptance of family planning; (d) enhancing and providing support to NGOs to provide reproductive health services; (e) improving the capacity of MOPW to implement population activities more cost-effectively; and (f) promoting women's role and status and their participation in development.

9. The fifth country programme was approved according to the Fund's workplan categories in force prior to the ICPD. The extension is, therefore, presented along that same structure using the old terminology. In the maternal and child health/family planning category the extension period will be used to (a) develop and implement reproductive health service components and expand their provision together with family planning to satisfy unmet needs; family planning will involve a wide range of safe and effective contraceptives, including permanent methods; (b) improve the training programme for village-level family planning workers and supervisors; and (c) strengthen monitoring and improve supervision of reproductive health activities. The Accelerated Population Programme

launched by the Government in 1991, which aims at increasing the number of service-delivery outlets, continues to be a major component of the ongoing UNFPA country programme. In addition, support will be provided to selected NGOs that are active in providing reproductive health services with special attention to the reproductive health needs of young women and newlywed couples. The aforementioned activities which are expected to significantly contribute to increasing the contraceptive prevalence rate (CPR) and to reducing unmet needs will require additional funding in the amount of $3.8 million.

10. There is a deeply felt need to develop and establish a user-friendly management information system (MIS) to help both the MOPW and the MOH, as well as key NGOs, to collect, analyse and utilize relevant population and reproductive health data for planning, monitoring and evaluation purposes. Such a system will be developed and piloted at both MOPW and MOH. It is expected that the MIS, which is also an important component of the Social Action Programme, will contribute to the functional integration between MOPW and MOH, increase consistency in programme implementation, and support population and reproductive health policy formulation at both federal and provincial levels. UNFPA support to this will amount to $0.5 million.

11. In order to make up for the contraceptive shortfall unexpectedly created by the withdrawal of support by a major donor, UNFPA provided $5 million in assistance from regular resources that had originally been earmarked to come from multi-bilateral resources in the area of MCH/FP.

12. In the IEC category, the extension will be used to carry out service-driven IEC activities to reach key audiences and target groups and improve the quality and cost-effectiveness of communication strategies. Efforts will be made to streamline the IEC activities in the MOPW, Ministry of Education, Ministry of Labour and the Ministry of Health and to ensure programmatic and operational synergies. In addition, support will be provided to operations research to maximize communications outreach and impact; to develop, test and validate reproductive health/gender messages; and to bring about greater male involvement in the reproductive health programme. Furthermore, a national advocacy strategy will also be formulated and piloted during the programme extension. It will aim at broadening responsibility for population issues and concerns. Such a strategy would seek the active partnership and rally the support of key sectors and social partners including NGOs, the community, religious and cultural leaders, parliamentarians, media practitioners and other members of civil society. The strategy will emphasize key ICPD goals such as reproductive health, gender equity and equality, and population stabilization as requirements for a better quality of life. The advocacy initiative will help the Government to: (a) document the situation of women, female adolescents and the girl child; (b) equip influential government and community leaders with information on key social and gender indicators through focused national

and provincial panels and round tables; and (c) set up networks and build policy coalitions to influence policies and promote a positive change. Additional funding for all these activities will amount to $0.6 million.

13. Support will be provided to the MOPW to strengthen and expand the population and coordination activities within line ministries such as the Ministry of Health, the Ministry of Women's Affairs and other relevant ministries. The extension will, therefore, support MOPW, MOH and the Ministry of Planning (MOP) in the formulation and adoption of a clear and explicit national population policy and a national reproductive health policy in line with the ICPD Programme of Action. The policy would also ensure that population issues are given high priority in the Ninth Five-Year Plan and create an enabling environment for NGOs and the private sector to be fully active in the population field. In addition, given the administrative constraints and limited capacity of government institutions and NGOs, special efforts will be devoted to strengthen their management capacity and skills and to increase outreach and cost-effectiveness. This will be done through focused management training and redeployment of human resources to maximize productivity.

14. Funds will also be provided to consolidate the research and training capacity of institutions such as the National Institute of Population Studies and to support the analysis of the census results. Also, a Technical Support Unit (TSU) will be established at the federal level with potential provincial affiliates that can act as pools of technical advisers to provide expert and advisory services in such key population areas as reproductive health/family planning, advocacy, management, management information systems and information, education and communication. The TSU will help to build up technical capacity at both government and private organizations. These activities will require additional funding in the amount of $2.1 million.

15. Support will also be provided to the NGO umbrella mechanism, National Trust for Population Welfare (NATPOW), to improve its management and programme delivery and to enhance its capacity to better respond to the needs of NGOs that are active in reproductive health and adolescent and women's empowerment programmes, thereby making it a more effective partner of the Government. With this additional support, NATPOW will be able to become actively engaged in the implementation of the national population programme, and function as a strong partner with the Government of Pakistan. Operating in an autonomous, transparent and accountable manner, NATPOW will also be enabled to provide financial and technical support to NGOs. UNFPA will continue its support to community groups and NGOs in their advocacy efforts on gender and adolescent reproductive health issues. These activities in the women, population and development category will be supported by funds that are already available.

16. The programme reserve for the assessment of programme activities and the formulation of the new programme is also covered through already available resources. The programme activities

would be monitored and evaluated according to standard UNFPA procedures and guidelines. The programme resources would be distributed as follows:

PAKISTAN COUNTRY PROGRAMME
FINANCIAL SUMMARY
(Numbers in millions of $)

Sectors	Total Approved by Gov. Council 1993 - 1997		Estimated Expenditures 1993-1997		Additional approval authority requirements		Total 1993-1999	
	Regular	Other	Regular	Other	Regular	Other	Regular	Other
Maternal and Child Health and Family Planning	12.0	6.0	17.0	1.3	4.3	-	21.3	1.3*
Information, Education and Communication	3.6	2.4	1.2	0.5	0.6	-	4.2	2.1*
Population Policy formulation and Population Dynamics	1.0	0.5	0.8	-	2.1	-	3.1	0.5
Women, Population and Development	2.4	1.1	-	-	-	-	2.4	1.1
Programme Reserve	1.0	-	0.4	-	-	-	1.0	-
Total	20.0	10.0	19.4	1.8	7.0	-	32.0	5.0*
Grand Total	30.0		21.2		7.0		37.0	

*The reduction in other resources is in order to cover from regular resources the expenditure of $5 million in MCH/FP originally earmarked to be provided from other resources (see paragraph 11).

Recommendation

17. The Executive Director recommends that the Executive Board approve the extension of the fifth programme of assistance for Pakistan through the end of 1999, and increase the funding authority by $7 million, raising the total funding authority of the programme to $37 million. This includes an amount of $32.0 million from regular resources and $5 million from other resources.

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